

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. I.

LOUISVILLE, APRIL 29, 1876.

No. 18.

CITY PRACTITIONERS.

In a late valedictory address before the graduating class of the Miami Medical College Prof. Davis has noted some most interesting facts in regard to the medical profession in Cincinnati. Taking the city directory for each one of the last twenty-five years, he has aggregated the arrivals and departures of doctors therein recorded. The result shows a terrible array of wounded and missing in the army which fought disease in the modern Porkopolis. Says the address:

"The significant fact developed by these statistics is that during the period of observation a regiment of 1,374 strong of hopeful, ambitious doctors marched into Cincinnati, and a regiment 1,053 strong of dejected, disappointed doctors marched out. Annually a company of fifty-five brave young men marched up to this Moloch, and only thirteen are accounted for at the end of a brief year—forty-two were missing. Three in every four lost. Did any fiercely-contested battle-field ever report such losses as these? This is not all. Of those who remain but a fraction achieve considerable success, whilst the majority obtain but a bare living. I think that I shall be safe in stating that one fourth of the physicians of Cincinnati receive three fourths of the receipts of the entire profession."

We have been often asked by recent graduates "where to settle." We are prepared now to give some negative advice in this matter, which is that Cincinnati had best be avoided; and no doubt cities generally do not offer much better fields for immediate fortune and fame. Possibly Cincinnati is not a very pleasant place for doctors to live in, and many who might have stayed left simply because they wished to do so. Possibly professional rivalry runs high in this interesting town, and doctors may talk about each other in a way to wound sensitive nature; or there may be a redundancy of schools

and journals, which might disgust a plain practitioner by their pretensions; but, discounting all these probabilities, we doubt not that what Professor Davis has shown for Cincinnati will fit in a great measure other cities just as well. There is, indeed, one part of these statistics which is quite complimentary, if not to the head, at least to the heart of the Cincinnatians: 1,053 unappreciated doctors were able to get away. We believe we know places where the inhabitants have not only failed to recognize the abilities of a great many physicians, but have been cruel enough to strip them to such a degree that they can not fly to more promising climes.

This question of success and non-success in medicine is apparently a curious study. We imagine, however, that when it is rightly considered nothing at all out of the natural course of law will be found to underlie it. A doctor "makes or breaks" pretty much in the same way as individuals in other callings of life. Professor Davis says that the causes of failure may be grouped under three heads: "1. *Deficiency in preliminary training*; 2. *Deficiency in medical training*; 3. *Deficiency in zeal, industry, and studious application after graduation*;" in other words, if we be virtuous we will be happy. This is all very sound morals, but it does not account for the beatified condition of some whose innocence is chiefly of such things as pertain to a knowledge of their profession.

It is not our intention to crack this difficult nut this morning, but simply to give further publicity to the statistics presented by Prof. Davis, and to advise any man who proposes to fight out the professional fight where a hundred or so have preceded him

to bring with him large capital, either in the way of contentment or riches; to patiently undergo his ten, fifteen, twenty, or thirty years of earnest preparation for the life conflict; to submit cheerfully during his minority to be swallowed up by the greater fish; and there will be before him the brilliant prospect of having something wherewith to enjoy life at a time when it is naturally considered a burden.

Original.

REMARKS ON THE TRANSFUSION OF BLOOD.

BY R. O. COWLING, M. D.,

*Professor of Surgical Pathology and Operative Surgery
in the University of Louisville,*

Made before the Kentucky State Medical Association.

The paper read by Prof. Frank Wilson has given us a most admirable account of the interesting subject of transfusion. If I have any thing of importance to add to it, it is the narrative of my actual experience in this connection. It is certainly not a flattering one, and for reasons that you will see perhaps not a convincing one either for or against the performance of this operation, but it may assist some of you in making up your minds as to the real value of transfusion under certain conditions.

I have generally used Bellini's instrument, one which fulfils admirably its purposes. It is made up, as you have seen, of a glass receiver graduated, a bulb and tube of india-rubber entering above, by which the blood is forced downward through the tube below, which joins with the canula, into which is fitted the trocar. The disposition of the trocar and canula is such that air can not well enter the veins.

My first experience with transfusion was in 1872. The patient was a lady residing in Bardstown, Ky. I was sent for to transfuse after a post-partum hemorrhage. I found, however, that the hemorrhage had taken place a year previously, and that the patient was the subject of anæmia or leucæmia,

which had been supposed to result from the excessive loss of blood at the time of her last delivery. I was accompanied by Dr. Samuel Garvin and the late Dr. Wm. Humphreys, of Louisville. We were met at the railway station in Bardstown by a messenger, who informed us that the lady was dying, and upon our arrival at her residence we found such was evidently the case. Nevertheless, at the urgent solicitation of her husband and her friends, the operation was proceeded with. One of the gentlemen present offered the blood, but fainted before an ounce was drawn. It was then given by Dr. Humphreys. It was defibrinated by whipping with straws, and strained into the receiver. The patient was unconscious, breathing with difficulty, and the pulse barely perceptible at the wrist. She presented the unmistakable physiognomy of death. A vein at the bend of the elbow was laid bare, the trocar and canula were easily inserted, and about six ounces of blood were introduced. There was no perceptible change wrought by the operation either for better or worse. She died in about twenty minutes after the operation was done.

A second case occurred a few weeks later. A strongly-built Scotch gardener, just arrived in Louisville, had sporadic cholera, and was in collapse. I saw the case with Dr. L. P. Yandell, sr., Dr. David W. Yandell, and the late Dr. Lewis Rogers. With the approval of these gentlemen transfusion was done. The trocar and canula of the instrument were in such a condition that we could not use them, and an ordinary syringe was tried. Artificial serum was substituted for blood, though Dr. David W. Yandell freely offered enough of this from his arm. The operation was done without difficulty, and I do not believe that air got entrance. Four or five ounces of the fluid were carefully introduced. The patient, who was evidently moribund at the beginning of the operation—pulseless, cold, speechless, and, indeed, comatose—went on speedily to his end, in ten minutes, perhaps, after we had finished. I remember well the remark of Dr. Rogers, that most sagacious

of practitioners, "The operation probably hastened matters."

A third case occurred a few months later, and seemed to give promise of better results. In the lower suburb of Louisville, at Portland, a woman having suffered violently from post-partum hemorrhage was at the end of a week attacked with a profuse diarrhea. On the eleventh day she was evidently fast sinking. Dr. George Walling and Dr. Willoughby Walling, in whose practice the case occurred, invited me to transfuse her. The husband gave the blood, which when defibrinated filled the receiver. The patient was pulseless at the wrist, cold to the elbow, and wholly unconscious. The canula was introduced into the cephalic vein. Dr. George Walling held the wrist to note the return of the pulse should this occur. After the injection of three ounces the pulse did return; with four ounces it was distinct, and could be counted—eighty to the minute. She endeavored to rise, and said, "You hurt me." There were about two ounces left in the receiver, which I continued to inject. About five ounces had been introduced, when she gave a convulsive movement, and suddenly died.

A fourth case occurred on Christmas-day, 1873. A gentleman of Louisville had been ill at his country seat, near the city, with an obscure affection. He was under the charge of Drs. Forée, Bell, and the late Dr. Bayless, my preceptor. The diagnosis became pretty plain after a while that it was purpura. The spots upon his body when I saw him were many and large. I agreed to his transfusion with the approval, and, indeed, at the suggestion of his medical attendants. All measures had failed, and he was rapidly sinking. The day was bitterly cold. In spite of the great fire in the room, the blood, which was given by his brother, clotted so firmly and quickly upon its withdrawal that it was with the greatest difficulty we could defibrinate enough to answer our purpose. The condition of the patient was not a whit better than that of those upon whom I had operated before. He was plainly in the very act

of dying. For the first time I experienced difficulty in entering a vein (the cephalic), and, indeed, injected half an ounce or so into the cellular tissue before I finally got the nozzle fairly into the vessel. About four ounces were introduced. There was not a sign of reviving life, and death occurred within ten minutes after the canula was withdrawn.

Such is the experience I have had in transfusion. Perhaps it proves nothing save that the operation in each case was postponed too late. It is enough, however, to deter me greatly from resorting to the operation again, except it be in its legitimate field—the restoration of blood actually lost from the vessels. I bear in mind the number of instances in which transfusion has been successfully used for the relief of blood diseases. Failure, however, has been the rule—even in the hands of the best operators—and under conditions far more favorable than in the cases I have reported.

There is a great fascination about the subject of transfusion. It is such a direct method of fighting the great enemy—it has so often brought persons back seemingly from the very jaws of death, that it is no wonder an ardent desire should exist to extend its application to the utmost. I can not but think that its triumphs have sometimes been over-estimated, and that the old *post hoc ergo propter hoc* has not been properly considered in weighing the results of this operation—even when performed after hemorrhages.

It is a common experience that men often survive the most frightful loss of blood. Death from this cause may occur from an inability to secure the vessels in time, when transfusion would not be practicable. Of course, in the vast majority of instances the dangers from hemorrhage are not so immediate. The flow of blood has been stopped, and the patient sinks from shock, exhaustion, etc. In these cases transfusion is practicable, and has achieved seemingly wonderful results; and, on the other hand, wonderful recoveries have occurred without

it. It is after post-partum hemorrhage, perhaps, that the rallying powers of nature have been most strikingly exhibited. Such cases, too, have formed the favorite field for transfusion. In a case of violent flooding, where the accoucheur—a gentleman of the most extensive experience—regarded that the life of his patient was gone unless she was saved by transfusion, and being unprepared to perform the operation, had decided, as he told me, to send for me to do so. The distance between us was so great and the hour so unseasonable that he despaired of getting the assistance he desired in time to do any good. He addressed himself to the ordinary measures used for the exhaustion following post-partum hemorrhage, and his patient recovered. This incident made quite an impression upon my mind.

The operation for transfusion I have generally found quite a simple one, though the vein is not so easily found, especially in fat subjects, as for an ordinary phlebotomy, from the fact that when we generally resort to it, the circulation having been mainly stopped, we can not make the vein swell out by the fillet, but must trust to dissection to find it.

The dangers attending the operation are the introduction of air into the circulation, the clotting of blood in the veins, and *over-stimulation of the heart*. The first two dangers are well provided against by the construction of the instruments and by using defibrinated blood. I believe that we have most to fear from over-stimulation of the heart. In fact, it must be as a direct stimulant to the heart that transfusion has most of its value as a therapeutic agent. While in a certain number of the cases recorded where it has been successfully used enough blood has been put into the vessels to restore in a great measure the volume of the circulation, in a large number of instances the amount injected has been out of all proportion small in comparison with the quantity which was lost. In the third case I have narrated the pulse appeared after the injection of three ounces of blood, and with the fifth the heart suddenly ceased to beat. The

point is certainly one of the utmost importance. The temptation will always be great to restore as much as possible the quantity of the blood which has been lost, and beneficial results may be lost.

So far as I have been able to discover, transfusion has been performed seven times by physicians of Louisville: once in cholera by Dr. Ben. Raphael, now a resident of New York, assisted by Dr. Hewitt; twice by Dr. Wilson, with lamb's blood; and four times by myself. There have been seven deaths, all occurring within twenty-four hours after the operation.

In conclusion I do not wish to be considered, in presenting this dark side of transfusion, not to believe in its efficacy under certain circumstances. There was a time when I had the utmost enthusiasm for transfusion. In fact, in 1872, in a debate at the College of Physicians and Surgeons in Louisville, published afterward in the *American Practitioner*, I took sides even more strongly than has been done here in regard to the safety and efficacy of this operation. Experience has since sadly dampened my ardor. But it would be a greater mistake to decry the operation. Its value in certain conditions is demonstrated. Let us be careful how we fix upon it a bad name by attempting to achieve with it impossibilities.

SENILE GANGRENE.

BY WILLIAM M. FUQUA, M. D.

Mrs. S., of Trigg County, Ky., seventy-nine years of age, requested my services on the 28th of September last. I found her suffering excruciating pain in the right great toe; pulse 100; considerable fever; bowels constipated; very restless; skin jaundiced; tongue coated with a long yellow fur. The temperature of the right leg from the knee down was much lower than the left. The great toe had a blueish tinge, which was very marked beneath the nail; complains of coldness of whole limb; no pulsation of the artery could be felt.

Two years prior to this time she had received a severe sprain of the right ankle-joint from a fall; but after a few months entirely recovered, and up to now has had uninterrupted good health. Her circumstances are good, and surrounded by every appliance for comfort and luxury. Diagnosis—senile gangrene.

The indications to be fulfilled were to overcome the constipation, relieve the pain, and to support the vital energy by tonics and stimulants. The former was overcome by mild cathartics, pain allayed by opium and lead lotion, the foot and leg enveloped in cotton batting and confined with roller. Sleep was procured and pain allayed by opium or morphia whenever requisite. She was soon placed upon pills of iron, quinine, and strychnia, a generous diet, with sherry wine.

December 1st: the foot and leg have now become dry and hard, and is as black and sleek as polished ebony, with the line of demarkation well established at a point midway the limb; general health is much improved, has good appetite, and rarely takes an opiate to procure sleep. Amputation was now proposed, but was objected to, and finally positively forbidden.

January 15th: ulceration has now reached the bones, all the tissues having been ulcerated through except the tendon of the gastrocnemius. Ordered nitric acid to be painted over the bones a little short of the living tissue above, with the view of hastening exfoliation.

February 5th: the fibula is detached at a point just below its middle; the tibia loose at a point one inch above the median line, and with a few touches with the knife it is freed from its tissue attachments and drawn out, leaving a very nice stump of nature's own surgery.

April 1st: Up to this time the case has progressed toward a favorable termination. During this long period there has been no change in the treatment, except in the substitution of the pills of iron and quinine instead of the strychnia.

It is interesting to remark that two brothers of this lady have both succumbed to gangrene of the lower extremity, but of the moist or humid variety.

The pathology of senile gangrene is now so clearly and plainly taught that any remarks from me would be out of place on this head.

HOPKINSVILLE, KY.

Correspondence.

THE OHIO MEDICAL BILL.

In your journal of the 8th you copy the bill then before the Ohio legislature, entitled "A bill to provide for Examining Boards in all the Medical Colleges in the State of Ohio, and to regulate Matriculation in Medical Colleges."

In the remarks appended, by way of criticism, I regret to see that you are disposed, if not to undervalue the importance, at least to throw doubt upon the propriety of the enactment of such a law as contemplated by the framer of this bill.

I regret the position you have taken on this question, both because of the great need of all influences, especially of a journalistic character, to stay the further debasement of a profession which, in years gone by, had some claim to respectability, as well as for the reason that I have regarded the News as a journal fully awake to the importance of elevating the standard of medical education as a *sine qua non* for the restoration of the lost respectability of the profession.

In this day of catch-penny medical schools with chairs filled by men three fourths of whom are not fitted as pupils, much less as teachers of the medical sciences, any effort from any direction looking to the elevation of our calling should be hailed with pleasure by every well-wisher of the healing art. A law such as that contemplated by the bill before the legislature of a great and enlightened state like Ohio would be truly refreshing in this day and this land of professional degeneracy. It would be an oasis

in a vast desert, and Ohio would have good cause to be proud of its enactment.

To my view this Ohio bill has much in it to be commended, and but little to be condemned. If it has any fault it is not because it goes too far, but rather because it does not reach far enough.

Suppose such a law as is contemplated by the Ohio bill could be enacted in this state, with a clause making it necessary for every one filling a chair in a medical school to undergo an examination as a test of his qualifications for the position he fills, would it not have a most salutary influence on the general health of the profession? Under such a test there would be a lively stepping down and out of professional chairs of not less than half a score of those who hold positions for which they have not a single qualification.

I do not wish to be understood as undervaluing those among us who are qualified for the high position of teachers of medicine. Such we have, but they are far from being numbered by the score.

If the standard of medicine is to be elevated, and the professional atmosphere purified, all incompetents should be eliminated from the schools and some other quality than that of brass should be held requisite for a medical teacher. It is not to be expected that a teacher will require a higher qualification of his pupil than what he himself possesses.

To my mind the Ohio bill is in the right direction, and should it become a law and be lived up to by its schools, they may lose in number of pupils, as you suggest, but they will gain vastly in respectability and in the confidence of the profession.

E. R.

LOUISVILLE.

JOHN D. JACKSON.

At the late meeting of the Central Kentucky Medical Association, convened at Lancaster, the following resolutions in regard to this eminent practitioner were unanimously adopted:

Whereas, In the inscrutable providence of Almighty God our young friend and fellow-laborer, Dr. John D. Jackson, has been called to close his mortal career, and as *confrères* we are deprived of his extensive experience and learning, and as a community of his valuable services in alleviating the sufferings and mitigating the sorrows of human life; and

Whereas, He was one of the founders and the fourth president of this association, affording us in this intimate relation ample means of knowing and appreciating his moral worth and professional promise; and

Whereas, This entire association, cherishing with warmest affection his many virtues and professional companionship, feel it to be their especial duty, no less than mournful pleasure, to give a public expression of their profound sorrow at his untimely end; therefore be it *resolved*,

1. That while we submit with patient resignation to this afflictive visitation of the Wise Disposer of all events, we regard the decease of Dr. Jackson, whose name has been and long will be identified with the cultivation and practice of medicine in Central Kentucky, as a public calamity of no ordinary character, and as leaving a chasm that will not soon be supplied.

2. That as a surgeon Dr. Jackson has been seldom equaled and never excelled at his age. His intimate knowledge of the anatomical structure and physiological relations of the human organism, his strong will and self-reliance, his profound sense of professional duty, his ardent desire to relieve suffering and remedy the ills of life, his neatness and dexterity of hand, eminently fitted him for the highest distinction in this department of medicine, as a number of capital operations successfully performed amply attest.

3. That the unassuming deportment, steady perseverance, and untiring energy in surmounting obstacles in the way of advancement, and the unremitting devotion to his professional duties which so eminently characterized him are worthy of all commendation.

tion, and should be sedulously imitated by those who desire to lay a solid foundation for future respectability, success, and usefulness.

4. That in the removal of one whose career was no less brilliant than brief, and whose fame had so far outstripped his years, his survivors are impressively admonished to renewed zeal and fresh energy, to compensate in some measure for the inroads thus made upon our profession from time to time by the hand of death.

5. That in professional intercourse, particularly in consultations, whosoever met him felt the presence of a gentleman and friend, candid, fair, and ethical; ever ready to hear with patience, to discuss with candor any perplexing problem; to state with delicacy what he conceived to be erroneous, with honesty what seemed deficient, and approve with zeal that which he deemed just and true.

6. That the cheerfulness of his nature, the equal and happy balance of all his mental powers, the wide range and variety of his accomplishments, and the attractiveness of his whole demeanor, fitted him in a marked degree for the enjoyment of social pleasures; and while he reserved his love and confidence for the generous and intelligent who formed the inner circle of his friends, he yet had the utmost charity for the ordinary defects and infirmities of mankind, and lived pleasantly and kindly with the whole range of his acquaintances.

7. That the permanent secretary be requested to furnish a copy of these resolutions to the family of the deceased, and cause the same to be published in the *Danville Advocate* and the medical journals of the state.

C. H. SPILMAN,
WM. HUFFMAN,
S. P. CRAIG,
GEO. T. ERWIN,

Committee.

Selections.

CINCHO-QUININE.—Dr. T. A. Gamage (*Bost. Jour. Chem.*) says in regard to this remedy: "Its febrifuge, tonic, and antiperiodic effects equaled those of the

sulphate; and when administered with an intention of producing invigoration and tonicity of the nervous system, as well as to increase muscular force, the cincho-quinine may be given for greater length of time and even in larger doses than the sulphate. Its power to strengthen the pulse was not as well marked upon its early use, but later appeared prominent even in several cases, where gastro-enteritic irritation existed, where the sulphate would have been considered inadmissible unless combined with morphia, etc. The cincho-quinine produced no unpleasant results, as I could perceive. A large number of those to whom the sulphate was administered (official doses) experienced either headache, sickness, or irregular action of the bowels; while upon the other hand not one case was so affected by the cincho-quinine. In many cases of periodicity the cincho-quinine was given in very large doses, oft repeated and continued for days, without producing the very unpleasant symptoms which would have undoubtedly occurred if the sulphate had been used to such an extent. The result was most gratifying not only to myself but also to my patients. Where one-scruple to one-dram doses were given such symptoms as pain in the stomach, giddiness, flushed countenance, apparent distension in the head, palpitation, blindness, delirium, numbness of feet, deafness, vomiting, etc., did not appear, some of which would follow the use of the sulphate in such large doses. In typhoid and typhus fevers I always prescribe the cincho-quinine in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used. Not only in cases of fever, but I have also tried the cincho-quinine in all cases where the sulphate is recommended—such as rheumatism, neuralgia, debility, convalescence from acute and chronic diseases, dyspepsia, dysentery, etc.—either alone or combined with other medicines, as the case may require, with equally good results. Combined with morphia, physicians will find it a most valuable remedy for those troublesome diseases, epilepsy and delirium tremens. The following prescription has in my hands proven almost a specific for dysmenorrhœa: Cincho-quinine, 1 dram et 1 scruple; cimicifugin, 18 grains; extract stramonium, 6 grains; sacch. alb., 24 grains. M. Ft. pulv. et in chart. 24 dividenda. Sig. One three times a day, commencing ten days before the expected time, continuing during the first day of the period. I intend giving the cincho-quinine a trial in some cases where I have used the sulphate externally, as gargles, etc., with success, and will write you the result some future day."

EFFECTS OF CANDY ON THE TEETH.—Lime and phosphorus form the chief mineral ingredients of teeth. The organic matter—*i. e.*, that like sugar—amounts roughly to about twenty per cent of the

whole tooth. The mineral matter and water make the remaining eighty per cent. In other words, sugar gives the teeth, under the most favorable construction, twenty per cent of its food only when it is used as an aliment. But sugar can not be used as an exclusive aliment, as death would ensue. Used occasionally when the other food has its normal amount of mineral ingredients, candy, when pure, probably does not harm the teeth; but used frequently, in connection with flour diet, there is no doubt that it will promote the decay of teeth. When organized substances are fed they must receive all the elements that enter into their composition. Failing to receive these, their vitality is impaired and decay results. Teeth fed with candy do not receive any mineral elements. No phosphorus and no lime are found in candy, but they constitute the main part of teeth. Hence we see that candy and teeth are not interchangeable things, and that candy-eaters must not be surprised if their teeth fail. When we remember that starch, a colloid, has to become sugar, a crystalloid, before it enters the circulation, what has been said of candy may (excepting the subcutaneous injection experiments) be applied to starch. Dr. Harri-man, one of our Boston dentists, has given the writer the account of several marked cases where the disuse of flour was followed by a restoration of the teeth and an arrest of the decay, thus proving what a diet containing all the elements of the teeth will do for dental health. Those desiring sound teeth will then be in the way of obtaining and keeping them if they eschew the excessive use of the carbohydrates, starch and sugar-candy.—*Boston Journal of Chemistry.*

AUSTIN FLINT, JR.—The Popular Science Monthly for May contains the following sketch of this celebrated teacher:

"This gentleman has won his scientific eminence in the field of physiology. Though but forty years of age, he has attained the highest rank in his chosen department as an experimental inquirer, teacher, and author—having published the most elaborate treatise upon the subject of physiology in the English language.

"The name of Flint is now famous in the medical world through the celebrity of both father and son; but there is probably a factor of inherited genius in this line which goes to their making up, for they have come from a long race of doctors. This is the genetic line of the generations of medical Flints, so far as Americans will be interested to know it. They are descended from Thomas Flint, who came from Matlock, Derbyshire, England, in 1638, and settled in Concord, Massachusetts. Edward Flint, physician, of Shrewsbury, Mass., was father of the great-grandfather of the subject of this sketch. The great-grandfather, Austin Flint, after whom the contemporary

Flints are named, was a physician who died at Leicester, Mass., in 1850, over ninety years of age. He served as a private soldier and afterward as a surgeon in the Revolutionary War. The grandfather of Austin, jr., was Joseph Henshaw Flint, a distinguished surgeon of Northampton, Mass., and afterward of Springfield, in the same state. His father is Austin Flint, now an eminent physician in New York City. He was born at Petersham, Mass., in 1812, and graduated M. D. at Harvard in 1833. He is a voluminous author and a distinguished practitioner.

"Austin Flint, jr., was born at Northampton, Mass., March 28, 1836, and his parents removed to Buffalo, N. Y., in the same year. He was educated at private schools in that city, and when fifteen he spent a year in the Academy of Leicester, Mass. He prepared for college at Buffalo, and entered Harvard University as freshman in 1852. He left the university in 1853, and spent a year in the study of civil engineering. He began the study of medicine in the spring of 1854 at Buffalo, and attended two courses of lectures at the Medical Department of the University of Louisville (1854-55 and 1855-56). His taste for physiology was early developed, and he made some experiments upon living animals for Prof. Vandell, of the Louisville school, while he was a student there. His final course of lectures was taken at Jefferson Medical College, Philadelphia, in 1856-57, and at the close of the course he graduated. His inaugural thesis on the "Phenomena of the Capillary Circulation" was honored with the recommendation to be published, and appeared in the American Journal of Medical Sciences in July, 1857. It was based upon numerous original experiments. He was editor for three years (1857-60) of the Buffalo Medical Journal, which was founded by his father in 1846, and ultimately transferred to New York and merged in the American Medical Monthly.

"In 1858 Dr. Flint was appointed one of the attending surgeons of the Buffalo City Hospital. The same year he became professor of physiology in the Medical School of Buffalo. In 1859 he removed with his father, and was appointed professor of physiology in the New York Medical College, delivering a course of lectures in 1859-60. In 1860 he received the appointment of professor of physiology in the New Orleans School of Medicine, delivered a course of instructions in 1860-61, and resigned the position at the breaking out of the war. While in New Orleans he experimented on alligators, and developed some important points with reference to the influence of the pneumogastric nerves upon the heart. He also made some experiments there upon the recurrent sensibility of the anterior roots of the spinal nerves. He was the first physiologist in this country to operate upon the spinal cord and the spinal nerves in living animals.

"In the spring of 1861 Dr. Flint went to Europe, and studied several months with Charles Robin and Claude Bernard, with the former of whom he had close friendly and scientific relations, and maintained a frequent correspondence. Prof. Robin presented his memoir, '*Sur une nouvelle fonction au foie*' ('On a New Function of the Liver'), to the French Academy of Sciences for the Monthyon prize without the knowledge of the author. In 1863 Dr. Flint made some important experiments upon the blood, employing a new mode of analysis for its nitrogenized constituents. He was one of the founders of the Bellevue Hospital Medical College, in 1861, and has been from the first, as he still is, professor of physiology and secretary and treasurer of the faculty. He was also for eight years professor and lecturer on physiology in the Long Island College Hospital of Brooklyn.

"In 1862 Dr. Flint made some remarkable observations on the excretory function of the liver, published in the American Journal of Medical Sciences, October, 1863; translated into French, and presented by Robin to the French Academy of Sciences for the '*Concours Monthyon*,' and which received honorable mention and a recompense to the author of 1,500 francs in 1869. The important discovery put forth in this memoir was the production of cholesterine in the physiological wear of the brain and nervous tissue, the elimination of cholestine by the liver, and its discharge in the form of stercorine in the feces. It was established that the new substance (stercorine) results from the transformation of cholesterine in the feces. The diseased condition caused by the retention of cholesterine in the blood (cholesteræmia) is now recognized as a very important pathological fact. Dr. Flint's laborious researches and interesting conclusions upon this subject have been lately confirmed in Germany by experiments in which cholesteræmia has been produced in animals by injection of cholesterine into the blood.

"In 1867, at the request of the Commissioners of Public Charities and Correction of New York City, Dr. Flint reorganized the dietary system for the institutions under their charge, including Bellevue Hospital, Charity Hospital, poor-house, work-house, penitentiary, etc., making diet-tables for more than ten thousand persons. In 1871 he made observations on Weston, the pedestrian, analyzing his food and secretions for fifteen days before, during, and after one of his great walking exploits. These inquiries help to decide some important physiological questions.

"In 1869 Dr. Flint published an elaborate review of the history of the discovery of the motor and sensory properties of the roots of the spinal nerves, in which the discovery was ascribed to Magendie instead of to Sir Charles Bell, who has generally been regarded as its author. This review, originally published in the Journal of Psychological Medicine, New

York, in 1868, was translated into French, and published in Robin's *Journal de l'Anatomie*. It produced such an impression that it was soon followed by the publication, in the English Journal of Anatomy, of the original paper of Charles Bell ('Idea of a New Anatomy of the Brain'), which was privately printed (not published) in 1811. The original manuscript was furnished to the Journal of Anatomy by the widow of Sir Charles Bell. It was upon this paper that the claims of Charles Bell to the discovery were based, and before its publication in the Journal of Anatomy it had been entirely inaccessible.

"Claude Bernard has been the eminent advocate of the theory that the liver is a sugar-producing organ; but observations upon this subject were discordant, and eminent physiologists contested Bernard's position. In 1869 Dr. Flint published in the New York Medical Journal a series of experiments upon the 'glycogenic function of the liver,' in which he endeavored to harmonize the various conflicting observations, and is considered by most physiologists to have settled the question.

"In 1866 he announced the publication of the '*Physiology of Man*,' a work in five volumes of five hundred pages each, and the last volume was issued in 1874. He printed a little work in 1870 on '*Chemical Examinations of Urine in Disease*,' which went through several editions. He contributed the articles on gymnastics and pugilism to the '*American Cyclopædia*,' was appointed surgeon-general of the state of New York by Governor Tilden in 1874, and has recently published a voluminous '*Text-book of Human Physiology*.' He has also written much for scientific periodicals and popular journals, and has been actively engaged in his duties as a physiological teacher."

Miscellany.

—"A meeting of the physicians of Chilli-cothe, Ohio, was held on February 23, 1876, according to agreement, at the office of Dr. Geo. Stockton. Present—Drs. L. W. Foulke, Jonathan Miesse, Wm. Waddle, Jas. Miller, G. S. Franklin, Frank Miesse, R. B. Hall, I. B. Scarce, Gertrude Jones, and George Stockton. Dr. J. Miesse was called upon to occupy the chair and Dr. Stockton to act as secretary. Dr. Waddle wished to know the object of the meeting. Dr. Franklin stated that at a previous informal meeting the subject of the druggists filling prescriptions more than once had been discussed, and that he

had proposed as a remedy that all prescriptions be returned to the doctor making them once a month. Dr. Miller asked for Dr. Waddle's opinion. Dr. Waddle stated that he supposed the object of the meeting was to form a society for mutual improvement, the regulation of fees, and to promote harmony among the profession. He thinks we have no right to interfere with the prescription; we have sold it; it belongs to the patient; it has passed out of our hands. Dr. Stockton stated that he thought the complaint was that druggists used our prescriptions in doctoring special cases. Dr. Miller wanted to know what business drug-men had to prescribe. Dr. Waddle said he didn't think we could prevent it. Dr. Franklin said the whole subject had been discussed in New York, and it was held that the patient does not buy the prescription in fee simple, but only advice suited to that special time and to special circumstances. The doctor is responsible for that one single use of the prescription; *but if used again without his consent the druggist becomes liable* for any damage that may occur. Hence it might be injurious to the patient as well as unjust to the doctor to have a prescription repeated again and again without a fresh order given after a careful review of circumstances that may be changed. Dr. Waddle thinks that this question ought to be put off, and that we ought to discuss the propriety of organizing a medical society. Dr. Waddle moved that we form a Ross County Medical Society. Dr. Searce thinks if we form a society it will be selfish to have only a few in it. The whole county ought to be admitted and allowed to assist. He had spoken to many in the county; they all want a society, and want the meetings held in Chillicothe, as the most central point. Dr. Miller answers Dr. Waddle's proposition to unite the physicians of the county by suggesting it would be better for us to see how we could agree among ourselves. We might organize for a short time, and then invite the country doctors. Dr. Franklin wants to know if we shall form under the Code of Ethics adopted by the Ohio State

Medical Society and by the American Medical Association. Dr. Miller wants it started on a basis of high-toned honor and mutual improvement. Dr. Searce suggests that if we agree on the Code of Ethics as a city society, and then the country physicians be called in, it would have to be decided again. He then made a motion that we have a society without the Code of Ethics. Dr. Miller wants it confined to the city at first. Dr. Waddle's Code of Ethics: 'Do unto others as you would have others do unto you.' Dr. Searce says the only thing in the Code of Ethics he objects to is in regard to consultations; that he will use his own judgment in this respect, and intends to consult with any one who may call upon him, regular or irregular, white or black, male or female. He says the code would bar us from consulting with lady physicians. Dr. Franklin says that in regard to consultations with lady physicians the code itself did not forbid it. We could make our own by-laws, and consult with them if we pleased. He insisted on forming a society on a basis which would be honorable and right. Dr. Franklin here read a paper in favor of adopting the Code of Ethics. Dr. Waddle said these rules should be laid aside; they will break us down unless we ignore them. Our society should not become a law-making body. His advice was at the service of any one who called upon him. He looked upon it as a matter of duty. Dr. Stockton thinks that this matter of consulting with homeopaths does not elevate them any, but lowers them. Dr. Searce asks if we must get down on our knees before the society to ask permission to consult with a homeopath, and let the patient die in the meantime. Dr. Waddle asks if it would confer any advantage on us to form a society under strict rules. Dr. Jones thinks there is some responsibility on the regular physician in educating a community in what is right, and that we only elevate homeopaths into undeserved importance by countenancing them. Dr. Waddle thinks that we would elevate them into importance by persecuting them. Dr. J. Miesse related a case

where he undoubtedly saved life by responding to the call of a homeopath. Dr. Jones thought they would have had plenty of time to have discharged the homeopath and called Dr. Miesse to help them. Dr. Miesse said the husband was so stanch a homeopathist that he never would have done it. Dr. Franklin said, 'Is it honorable for us to consult with a doctor when we have no confidence in his theory, and perhaps know as little of its details as he does of ours?' Dr. Frank Miesse stated that he and Dr. Moore (absent) first started this movement with the idea of forming a self-protective society. Dr. Waddle then made a motion that we form a medical society of city physicians, striking out the Code of Ethics. This was seconded, and the chairman ordered the roll to be called and votes taken by name. The vote stood as follows: Ayes—Drs. Waddle, Searce, Miller, Miesse, J., Miesse, F.—5. Nays—Drs. Jones, Hall, Foulke, Franklin, Stockton—5. Dr. Stockton having it made clear to him that he would not violate the Code of Ethics in so doing, and being decidedly in favor of a medical association for improvement, asked that he might change his vote. The vote then stood 6 to 4, other votes being as above. It was then moved and carried that we now adjourn to meet Wednesday, March 1st, at 7 P.M., to form a medical association. Signed, Dr. GEORGE STOCKTON, Sec'y."—*Cincinnati Lancet and Observer*. If the debate above quoted is a fair sample of the condition of the profession in Ohio, it is sadly in need of reform. We can not, however, refrain from giving our feeble testimonial to the merits of some gentlemen engaged in the debate. We hardly know whom to admire the most—the noble Miller, who wanted it "started on a basis of high-toned honor," or the sublime Waddle, whose code of ethics is "do unto others as you would have others do unto you," or the manly Searce, who "would not get on his knees to ask permission of the society to consult with a homeopath," and who "will consult with any one who may call upon him, regular or irregular, white or black, male or female," or the

prompt and scientific J. Miesse, who saved a life by meeting a homeopath in consultation. These high-toned philanthropists are all so eminently conservative that we hardly know which is the sweetest shrub which blossoms in that parterre. We believe that Dr. Searce emits a more aromatic flavor than any; all his aims are *so* high and *so* kind and good. If any of these delicate blossoms will bear transplantation, we would like to have some of them here. We would like to see how their fragrance would mingle with that of some we have in our garden. We do n't think, however, we have any one here who could compete with that tall hollyhock, Searce. "*Palmar qui meruit ferat.*"

—J. F. Clarke, M. R. C. S., in his "Autobiographical Recollections of the Medical Profession," makes the following remarks upon specialism. In these modern days, when specialism is so rife and the forms and varieties of it so numerous, we think that his views will prove of interest to professional readers: Whatever may be the advantages of the division of labor—and these are many—I contend that whatever conduces to the union of medicine has far more advantages. With respect to the profession itself this, I think, is undeniable; but with regard to the public this consideration has vastly more weight. The confidence of the general community in medicine has been sadly and irretrievably shaken by what is called "specialism"—a term most objectionable in itself and in its results beyond all calculation mischievous. Let me, for instance, take two cases in which it may be admitted. If "specialism" is ever justifiable in practice it is with respect to the eye and deformities of the limbs and body. Well, who were the great pioneers of practice in diseases of the eye in the last generation? Certainly, I should say, Lawrence, Tyrrell, and Wardrop. But would not these great surgeons have repudiated the title of "oculists?" I know they would, and with great reason. No men were ever more anxious to support and act on the principle of "unity" than these justly eminent surgeons.

Their monographs on "Diseases of the Eye" are still books of reference; but Lawrence prided himself more on his admirable work on "Hernia," Tyrrell on his operative skill and general proficiency, Wardrop on his operation for the treatment of aneurism by ligature on the distal portion of the artery and his most ingenious and able work on "Diseases of the Heart" far more than for all they had written on eye diseases. Take the second. The two men who have done more for orthopedic surgery than all other practitioners of our time are Stromeyer on the continent and Little in our country. But these men would repudiate the title of "specialists." To them the practice of orthopedy was but "a halt," as it were, "on the road-side," not the "journey of life." But their enlarged views with respect to practice, their profound knowledge of the human frame in all its aspects, made them far better practitioners than those who devote themselves merely to the study and treatment of crooked spines and deformed legs. The proposition holds equally good with respect to other specialties. Is it to be assumed that the "skin doctor," who advertises daily the number of "cures" at his so-called "hospital" or "dispensary," is a better physician for skin diseases than he who takes a broad view of the disease, who, in fact, treats his patient on general principles, and regards the eruption on the surface as a mere symptom? I think not. With regard to other specialties of a minor kind one really has hardly patience to discuss them. But look at the effect of these "special" hospitals and dispensaries on the larger general hospitals. They not only divert funds that might be more usefully and profitably employed, but they intercept from the general hospitals cases which, under different circumstances, would form the material of clinical instruction to the rising race of practitioners. It is gratifying to observe that the evil to some extent has met with a check by the appointment of practitioners to lecture on what are called "special" diseases in our general hospitals. This is the

more to be rejoiced at, because eventually there can be no doubt this step will stop the progress of private enterprise in the formation of special hospitals and dispensaries; for it is well known that, however grand or "universal" may be the title of these institutions, they are usually the private property and have been established for the private gain of their founders. I hope to be pardoned for this somewhat lengthy digression from the subject of this chapter, but it has a direct bearing upon it and may not be without its use in carrying out my argument. Well, then, I say if the various societies which of late years have sprung up had been allied with the Royal Medical and Surgical Society, so as to form, as it were, a Royal Academy of Medicine, the cause and honor of the profession, as well as the interests of the public, would have been enhanced, instead of, as they are under present circumstances, injured. That this view is entertained by the more distinguished members of the various societies is proved by the efforts that were some time since made to effect an "amalgamation" of the various medical bodies. I fully believe that the "inexorable logic of facts" will eventually result in this amalgamation. Whatever tends to the unity of medicine, to the reprobation of the unwarrantable pretensions of mere "specialists," can not fail to be of advantage to the public and to "the rank and file" of the practitioners of medicine.

—"The subject of iterated nesting by birds being under discussion in Forest and Stream, Dr. Chas. C. Abbott contributes to that journal the following list of birds which he has himself observed nesting twice in summer: 1. Usually breeding twice—robin, catbird, bluebird, house-wren, yellow warbler, English sparrow, bay-winged bunting, chipping sparrow, song-sparrow, orchard oriole; 2. Occasionally breeding twice—yellow-bird, white-breasted nuthatch, scarlet tanager, chewink, Baltimore oriole, purple grackle." To this list we would add the Ortolan, or Bobolink. In this climate this bird nests in fall and spring, using the same nest each time.